

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVII.

THURSDAY, DECEMBER 24, 1857.

No. 21.

ON SOME ANCIENT MEDICAL DELUSIONS, AND THEIR CONNECTION WITH ERRORS STILL EXISTING.

BY HENRY A. MARTIN, M.D.

[Continued from page 397.]

THERE are not many remains of the doctrine of signatures and celestial influences to be found in the *materia medica* of Great Britain and this country, but there are some that have occurred to me, and I doubt not that more might be discovered. These relics, with perhaps one exception, are more matters of curiosity than of importance; their removal from the various pharmacopœiæ is only desirable on the general principle that medicine should be purged as much as possible of everything positively useless. If utterly devoid of medicinal efficacy, no substance, however innocent, should be allowed to remain among the official articles of any regular pharmacopœia. It probably is not generally known that the sign  $\mathcal{R}$  usually prefixed to prescriptions, is an undoubted relic of the doctrine of sidereal influences. If one of the old school of chemical physicians, Paracelsus, or his immediate disciples, had occasion to write one of those formidable farragoes for which they were remarkable, he would precede it by the sign of the planet or constellation in the domain of which lay the suffering organ or member. Thus, if the patient had an hepatic affection, the prescription would bear the sign of Jupiter, for Jove was lord of the liver ( $\mathcal{J}$ ); if of the lungs, Mercury's sign would be proper ( $\mathcal{M}$ ). Dr. Paris has alluded to this, in the learned introduction to his *Pharmacologia*, and gives an engraving illustrative of the derivation of the modern  $\mathcal{R}$  from the ancient symbol of Jupiter, and there can be no doubt that he is correct; for to each of the almost countless formulæ in the two vast folios of my Sennertus is prefixed the Jovial sign, and in my Latin copy of Sydenham, published at Geneva in 1736, the sign of Jupiter and the modern  $\mathcal{R}$  are used indifferently. The crossed M, which now signifies *misce*, may, it is not impossible, be the sign of Virgo, that sign being a partially-

crossed M (𐌆). Virgo was supposed to be particularly auspicious to the liver, stomach and intestines; a combination of Virgo's remedies and those of Jupiter would have been a perfectly legitimate one, and such combinations, intended to relieve hepatic, and associated gastric and intestinal disorder, must have been then, as now, the most in demand. In this way, after the significance of the signs was forgotten, those which had been most employed continued in use. This, however, is a notion of my own, for which Dr. Paris is not at all responsible.

In the Dublin Pharmacopœia is to be found an ointment of *scrophularia nodosa*, which is recommended by Evanson and Maunsell as efficacious in a variety of pemphigus, the *pemphigus gangrenosus*, or "burnt holes," frequent among the poverty-stricken children of Ireland. It was admitted into the pharmacopœia at the instance of the celebrated Dr. Stokes, on account of the great reputation it enjoyed among the Irish peasantry. In Schroeder's Pharmacologia, *scrophularia* is to be found, and it owes its place there to the resemblance of the nodosities on its roots to the excrescences called *mariscæ* and *fici ani*, and to scrofulous glands, for which cases, internally administered, it was esteemed particularly efficacious, and was also used in cancerous and serpiginous ulceration, and in malignant scabies, &c. &c.; externally, as well, it was recommended in all these affections.

Saffron exists as an ingredient in several extant official compounds, as the compound decoction of aloes of the British Pharmacopœia; the compound tincture of aloes, the elixir proprietatis of Paracelsus; the pill of aloes and myrrh; the ammoniated tincture of opium of the Edinburgh Pharmacopœia; and many more. Doubtless it owes its admittance to these formulæ to the doctrine of signatures, saffron having been considered, from the resemblance of its juice to yellow bile, a powerful hepatic remedy, and on that account a proper adjunct to a purgative, or as valuable in counteracting the constant tendency of opium to impede the action of the liver. Saffron was also used in jaundice, on account of its resemblance to the color of the skin in that complaint; and its almost universal popular use in measles may be derived from its once reputed power as a pulmonary cordial, as an anodyne, hypnotic, and as a preventive of contagion. It is employed, popularly, from the notion that by its use the morbillous eruption is thrown to the surface, and the pulmonary complications, so evident and frequent in the disease, relieved and modified.

The metal copper was a special favorite of Venus, being her symbol among the metals; its various preparations were supposed to have a powerful effect on all those parts over which Venus most presides, and in the diseases arising from the malignant influence of that, in modern times, far from amiable planet. One of these preparations was the *ens veneris*, or muriate of copper, and I have

within a few days seen it under the old name in a prescription from an eminent physician of Boston, in combination with tincture of aloes and myrrh. I doubt not that it was ordered from its old reputed emmenagogue effect. The very general use of the sulphate of copper as a caustic in venereal sores, and as an astringent in gonorrhœa, and both externally and internally in leucorrhœa, may have some connection with the old associations of the metal.

The most important error that I can discover still existing in practice, as a relic of the same delusion, is the use of the nitrate of silver in epilepsy. It is of course known to you that this salt has perhaps the greatest reputation of all the thousand remedies that have been proposed and used in the treatment of that terrible disease. That it has no claim to any such reputation is, I believe, the opinion of many of the most intelligent of the profession; that it is as worthless as all the rest, I do not doubt, and the fearful and permanent disfigurement arising from the long-continued use which its advocates recommend, make it really very important that, if useless, it should be erased at once and forever as an anti-epileptic from the pages of the materia medica. The peculiar metal of Luna was silver; hence its nitrate is still called lunar caustic. Luna was, in the macrocosm, the analogue of the brain in microcosmos, or man. The terms "lunatic" and "moon-struck," applied to the insane, are relics of this belief. Hence silver was, of all other means, considered the most beneficial in cerebral disorders. Schrœderus is so decided about silver and its effects, that I will quote him at length. "*ARGENTUM metallum est nobilius, candidum, auro imperfectius, dicitur chymicis Luna vel cerebrum, eo quod in Macrocosmo Luna, in Microcosmo, cerebro sympathicum sit. VIRES—capitis corroborans perhibiter specificum, spiritusque animales confortare, unde et in omnibus capitis affectibus peculiaris efficaciam consetur, quales imprimis Epilepsia, Apoplexia et similia.*" That this old folly gave the first impetus to the use of silver in epilepsy, I firmly believe, and I am sure that a careful study of the history of that extraordinary disease, and its still more extraordinary treatment, will convince any candid inquirer that it never had any better claim to notice; that its virtues in epilepsy were and are all moonshine, not one whit greater than those of the myriad specifics which have thronged the materia medica for ages, and still are almost daily thrust forward by their over-zealous and ever credulous advocates. It will be a blessed thing, for all concerned, when the profession generally shall cease to treat actively diseases truly incurable, and shall calmly resign itself to the fact that many cases of centric epilepsy belong to this category; at any rate, the search for a specific for a disease whose causes are so various and so inscrutable, will ever be a delusion. If what I have said may shake the confidence of one medical man in the nitrate of silver as an anti-

epileptic, and thus possibly prevent an addition to the number of those victims who, blue as indigo, and as epileptic as ever, are true *opprobria medicorum*, and already far too numerous, I shall feel well rewarded for my pains.

The cochineal insect has a great popular and some professional reputation in pertussis, and is most certainly an entirely worthless drug. It owes its remedial reputation to the doctrine of signatures, for under that doctrine it was considered very efficacious in measles, from the red color of the eruption in that disease, and the immemorial association of pertussis with measles will fully account for its use in the former. I have seen that lately, in England, the value of the combination of carbonate of potash with cochineal is loudly urged by some practitioners. That the carbonate of potash, as well as other alkaline salts, may be and is useful in pertussis in some of its stages, I do not doubt; but it is perhaps desirable that the merit should be ascribed where it is due, and that cochineal should have none of it.

The *hermodactylus*, which it is interesting to know was recognized by Schröder in 1649 as colchicum, was supposed to bear evidence of its anti-arthritic powers, in the resemblance of its corn to a swollen joint. This was very far-fetched, and I doubt not was one of those cases where a resemblance was made out to account for the already ascertained remedial efficacy.

I feel the necessity of saying no more of the connection of the modern materia medica with these old absurdities; not that the subject is exhausted, but because, if I continue, I shall have to forego the opportunity of attempting to demonstrate the intimate relation borne to them by that most remarkable hypothetic system called Homœopathy. As it is, I shall not be able to go as fully into this part of my theme as I had designed, for I have already consumed a large portion of the time for which I could reasonably claim your attention.

It is no part of my purpose to enter any further into the history of Homœopathy or its founder, than seems necessary to my particular object, that of proving the connection of ancient delusion with this most strange modern hypothesis. Drs. Holmes, Simpson and many others have done all that need be done to expose the crudities, contradictions and infinite absurdity of this, so-called system; vastly more than enough to convince any medical reader, or even reader ignorant of medicine but in any way open to conviction—any sensible, candid inquirer—of the utter futility of homœopathy. The task of convincing that class of minds which has always furnished the zealous partizans of every new system of delusion, by argument, reason, or even demonstration, is one that has ever proved vain. A mind of this class rides its pet hobby with great parade, fury and clamor, until some other, newer, and more fantastic in its trappings, prances into the arena, when



straightway it vaults into its saddle and rides with greater fury, clamor and parade than before; or, perhaps, with a facility worthy of Ducrow, rides them both at once. To such minds, the value of those slow, but sure-footed nags, "common sense" and "scientific investigation," never seems to occur; they wander from one folly to another; they are accessible to all that appeals to the imagination, to nothing that addresses the reason. On such minds, the arguments of Simpson and Holmes, cogent as they are, make no impression; were it possible to make them a thousand times as convincing, they would be no more efficacious. Writers have been accused of turning homœopathy into unjust ridicule, and such accusations have doubtless weight with some gentle minds thereby led to sympathize with such abused martyrs of the truth, such patient followers in the thorny path of persecution, trod before by so much ill-appreciated genius. But, really, the accusation of unfairly ridiculing the follies of this system, are very unjust. While wading through the fantastic pages of that Koran of Homœopathy, the Organon of Hahnemann—marking how hypothesis is piled on hypothesis, "Pelion on Ossa," each new one only more absurd than the one preceding—I have wondered at, and admired the forbearance of our gifted brethren, that with such tempting opportunity they have so sparingly used the lance of ridicule, regarded as it always has been as the only weapon capable of piercing that tough hide of ignorance and delusion, so impenetrable to the choicer weapons of reason.

About the peculiarities of homœopathy, I have at present little to say. I propose merely to attack its claim to originality and novelty, and show that, to some extent at least, it is a *rifacimento* of the broken meat of an old feast of folly. My object in doing even this, is not to convince you of the futility of its pretensions; you need no arguments of mine to settle that question; nor certainly do I expect, in the slightest degree, to shake the faith of any of its partizans and dupea, who, hugging delusion, feel that

"The pleasure surely is as great  
In being cheated as to cheat;"

or of those who find, in the liberal fees of their clients, a weighty reason for admiring the truth of the quotation slightly transposed. My principal desire is to afford you, from sources not often explored or easily accessible, some slight amusement, if nothing more.

No one can read the life of Hahnemann without being convinced that he was a laborious, diligent student—more, however, of the voluminous medical literature then existing, than of Nature. Of the learning of Galen, of Boerhaave, Cullen, and a thousand more, he was master, besides being a good deal of a chemist and something of a Numismatist. His mind was like Faust's study—

“Wo selbst das liebe Himmelslicht  
 Trueb' durch gemalte Scheiben bricht  
 . . . . .  
 Mit Glaesern, Buechsen rings umstell  
 Mit Instrumenten vollgepfropft  
 Urraeter Hausrath drein gestopft;”

full of the apparatus and *disjecta membra* of ancient theories and exploded systems; that learning of the schools, of which so much is like the fabled apples of Sodom, beautiful to the eye, and in the mouth, ashes. There is not much evidence that his opportunities of observing disease were many, or that he was diligent in seeking for such opportunity. His practice, to the age of 35, had certainly not been extensive, for till that period we find his time principally occupied in that most wretched of all intellectual drudgery, translating for the booksellers as a means of subsistence, and in chemical researches. He was, in fact, a book-worm rather than a physician; a theoretical rather than a practical disciple of *Æsculapius*. So much was this the case, that for one year after he commenced his medical studies, he occupied the situation of house-physician, librarian and curator of old coins to the Governor of Vienna. He was a man more known among the shelves of the vast libraries of Leipsic and Vienna, than in the hospital and autopsy room; more at home among the crucibles and alembics of a science, which, in his day, reflected more the flickering rays of the dying embers of alchemy, than of any of the glorious light which now enfolds it, than in the living laboratory of Nature and disease. Was not this a mind peculiarly fitted for the elaboration of just such a doctrine? Was it not the most natural thing in the world that this diligent student of theoretic antiquity, bred in that Germany always so fertile in intellectual speculation, should have himself been ambitious to originate a new medical theory; that this obscure and neglected scholar should have panted for some of that sunshine of renown and emolument vouchsafed to so many so much less worthy? From that brain, pregnant with the idealism of Van Helmont, Hoffman and Stahl, teeming with the vagaries of Paracelsus and a thousand others, sprang, at the close of the last century, the mental Minerva, Homœopathia; a strange offspring—for although the brain of Hahnemann was her “procreant cradle,” her features resemble those of more than one intellectual parent.

As to the discovery of the principle of Homœopathy expressed in the words “*similia similibus curantur*,” we are vouchsafed, by the apostle of the system, the following history. In 1790, while translating the *Materia Medica* of Cullen, he became dissatisfied with that author's theoretic explanation of the action of cinchona, and determined, with a view to more accurate knowledge, to experiment in his own person on its effects. To this end, he took twice daily four drachms of bark, and in a few days was astonished to discover that his experiment had resulted in the production of all the symptoms of a perfectly-marked intermittent fever. Thence

the road was a straight one to the doctrine of Homœopathy, and the adoption of its banner-cry.

Hahnemann tell us that a subsequent diligent study of the ancients brought to light several passages corroborating the new doctrine, and, above all, to his great satisfaction, one in the works of Basil Valentine, almost, if not exactly, identical with the famous dogma, "*similia*," &c. Now for the truth of all this pretty narrative, and for all direct evidence that the discovery of the passage in Valentine succeeded and did not *precede* the wondrous cinchona experiment, we have precisely the word of Samuel Hahnemann, and nothing more; behind this record it is, of course, not possible, by any direct evidence, to go. So far as probabilities will carry us, they tend decidedly to the conviction that the discovery of ancient homœopathic passages preceded any real or pretended experiments with cinchona, and of course any inductions from the unique result of such experiments. It is strikingly improbable that, full as all the old chemical writers are of remarks of an homœopathic complexion, Hahnemann, a diligent student of those writers, should not have repeatedly encountered them prior to 1790 and his own 36th year. I fully believe that Hahnemann, if honest, which I doubt, was at least unconsciously influenced by his reading of these old authors, and that thus, without any imputation on his veracity, there might have been an absolute derivation of the Homœopathy of its reputed originator from the "like cures like" of the Paracelsians.

[To be continued.]

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

[Concluded from page 405.]

40. (JOHN WAYTE.) *Imperforate Rectum*. There was a complete obstruction about an inch from the anus, apparently a membranous septum.

*Operation*, by a pointed probe, trocar and bougie. Meconium and feces escaped. In a week, the opening closed. A new puncture was made, and the opening dilated with a bougie. As the tendency to contraction was strong and constant, repeated operations were found necessary with the trocar and bougies. Was going on well, the opening allowing a middle-sized rectum-bougie, when one day the bougie was found to produce a grating sensation, and was scratched on being withdrawn. On further examination, the os coccygis was found carious, which continued to increase till the child's death, at the end of six months.

41. (ROUX DE BRIGNOLLES.)—*Imperforate Anus, Urethra and Rectum*. There was no movement or prominence in the region of the anus after crying. The skin was hard and thick, and without a raphé.

The urethra was closed at the base of the glans, by a thin mem-

brane constituting a sort of hypospadias. The membrane was perforated with a stilette, and the urine voided.

*Operation.* An incision an inch long was made in the line of the raphé. The fibres of the sphincter were seen, their internal borders being in contact and in a straight line, but contracted in a circle, and with considerable force when the infant cried.

The incision was then carried an inch deep toward the coccyx, and ended in a mass of cellular tissue. A bistoury was then thrust upward and backward, and entered a cavity. On withdrawing it, meconium followed. The first phalanx of the index finger reached the bottom of the wound, which was dressed with charpie and ointment. This was kept up for fifteen days. Then granulations sprung up from the edges of the wound, impeding the progress of the fæces, and producing colicky pains. As the anal opening became constricted and obstructed, the stools were less frequent and more difficult, and the urine was followed by fecal matter. The wound was enlarged toward the coccyx, the bowels were again relieved, and the urine was voided without the fæces. The granulations again obstructed the anus, and fæces again came with the urine. The granulations were checked by the nitrate of silver, and the anus kept open by large-sized bougies till cicatrization. There were no more fæces by the urethra. The border of the anus assumed the plicated appearance of the natural outlet.

42. (AMUSSAT.)—*Anus natural, with the Rectum opening into the Vagina.* Was seen thirty-four hours after birth. No meconium had passed. Water was injected into the anus and returned by the vagina. The abdomen was hard and swollen. A flexible canula penetrated two inches. A sound passed into the vagina, struck the canula introduced by the anus. The opinion was that the rectum stopped at the depth of two inches, and there communicated with the vagina through an opening or deficiency of the natural septum between the vagina and rectum.

*Operation.* Eight hours were occupied in dilating the anus with prepared sponge. On examining with the finger, the imperforate rectum was judged to be above the sacro-vertebral angle on the left side. An attempt was now made to separate the rectum as much as possible from the surrounding points, so as to bring it down as near as possible to the external wound. What was supposed to be the cul de sac of the rectum was seized and held by hooks, while the dissection was carried on mainly by the finger and occasionally by a slight touch of the bistoury. Being successful in bringing the bowel down to the anus, a large opening was made into it, and after the meconium had passed, several ligatures kept it united to the skin. The parts were kept open by bougies smeared with lard. The result was successful.

43. (AMUSSAT.)—*Imperforate Rectum. Operation. Death.*

44. (AMUSSAT.)—*Imperforate Rectum. Operation. Death.*

45. (CAMPBELL. Medical Repository, Vol. V.; New York. 1802.)—*Imperforate Anus and Rectum.* Female child. The abdomen was much distended, and there was fecal vomiting.

*Operation* on the third day. A longitudinal incision was made with a lancet, where the anus ought to be, in the direction of the os sacrum. It was then carried deeper, with a scalpel, to a cavity. Meconium flowed freely. A warm bath was given, and then a tallow bougie was passed. This was continued a few days only, with some rhubarb

and magnesia. In four months the child was doing well, the operation being in every way successful.

46. (WEYMOTT. *London Lancet*, Vol. XVIII.)—*Imperforate Anus, Rectum and Vagina.* The child was in great suffering. The abdomen was swollen and tender. There was vomiting and straining.

*Operation* on the second day. A longitudinal incision was made in the direction where the anus ought to be. At two inches from the external opening, penetrated the rectum, when meconium escaped. A tent of lint was introduced, well oiled, and oleum ricini  $\frac{3}{4}$ ij. was given. The passage of meconium gave relief. A moderate-sized urethra-bougie was then passed from time to time, to dilate it. The medicine produced but a very slight action, and death occurred seventy-six hours from the operation. There was no autopsy.

47. (RICORD. *London Lancet*, Vol. XXV., p. 295.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* The patient, æt. 22, came to R. for an examination, at the request of her lover. The speculum was introduced easily, and at first nothing abnormal was seen. However, the depth to which the instrument was carried, without meeting the neck of the uterus, began to excite some astonishment, when a lump of fecal matter was brought into view, simulating, to the touch, the os uteri; and also some grape seeds, at first taken for vegetations. Some malformation being now suspected, a more careful examination was made. The external organs were natural, but there was no anus, the place where it ought to be being marked by a brown spot, irregularly radiated and of the size of a shilling. The ring of the vulva did not present any carunculæ myrtiformes, had eccentric folds of mucous membrane, and possessed a much greater contraction than the natural constrictors of the lower part of the vagina, but less than the sphincter ani. Beyond this vulvar ring, the finger passed easily into the recto-vaginal canal. No transverse rugæ were found as usual in the vagina, and the speculum, when introduced to its full length, was arrested by fecal matter. No trace of the uterus could be seen or felt. By her account, the feces were always passed by the vulva, and were perfectly under the command of volition, but flatus sometimes escaped involuntarily. When the feces were at the vulvar ring, she felt a desire to go to stool, and when this desire was satisfied, the finger, introduced as far as possible, no longer met with any obstacle. An injection was always used immediately after, and she was careful in keeping herself clean. Menstruation had never shown itself under any form, and no trace of blood was ever found in the urine or feces. Although she had lived with this man for three years, he never suspected any malformation.

48. (FORGET. *Révue Médicale*. 1835.)—*Imperforate Rectum.* Operation ten days after birth, with a lancet. Cure.

49. (Boston Med. and Surg. Journal, Vol. XXI., p. 101, 1840.)—*Imperforate Anus and Rectum.* There was no anal opening when three days old. The raphe of the perinæum extended without interruption to the point of the coccyx. The abdomen was tender and tympanitic, but there was no vomiting. The urine passed without difficulty.

*Operation.* An incision was carried, three quarters of an inch or more deep, over the supposed situation of the anus, but without success. It was then decided to open the cœcum in the right iliac fossa, which was done, and several ounces of feces escaped, with great re-

lief to the symptoms. Eight days after the operation the sutures were removed, and the progress toward the cure was rapid.

50. (Boston Med. and Surg. Journal, Vol. XXIII., p. 210. SMRMAN.)—*Imperforate Anus and Rectum*. Three months after the birth of a child, was consulted and found the abdomen was enlarged and hard; there had been vomiting, fits of crying and straining.

On examination, there was no opening into the rectum, but a little posterior to the natural situation of the anus, a slight projection of the skin was observed, giving an obscure feel of fluctuation. The skin was also slightly inflamed. It was opened at this point, and about a tablespoonful of pus was discharged, but no feces. On examining with the probe, no communication with the intestine was found. A sharp-pointed narrow bistoury, with the edge toward the sacrum, was then passed three inches in the direction of the rectum. On withdrawing it, the point was smeared with feces. There was considerable hæmorrhage. A small gum-elastic bougie was then passed, afterward larger ones till they passed without difficulty. An injection of warm water was then thrown through the tube, and a quantity of liquid feces came away. The tube was passed twice a day, with an injection each time, and in the interval a large wax bougie was constantly worn. The day after the operation, a pint of feces escaped at one time, and the same amount continued to escape daily for a week. The symptoms had ceased before the operation. The bougie was persevered with for four weeks, when it was discontinued, and the child improved very fast in flesh. The evacuations became natural, and two years afterward the control over the bowels was as natural and perfect as in any healthy child.

51. (Boston Med. and Surg. Journal, Vol. XXXVI. (HOUGHTON.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. Saw the child when it was about ten hours old. On examination, there was no appearance of an anus. The raphé along the perineum extended only a short distance back of the scrotum. The child was otherwise malformed—the sacral portion of the spine was wanting, and no operation was attempted on that account. A few hours after the doctor left, meconium passed by the urethra, and continued to do so until death, forty-eight hours after birth.

*Autopsy*. The rectum terminated in the neck of the bladder by a very small opening, barely sufficient to admit an ordinary-sized probe. The rectum also terminated against the lower lumbar vertebra.

52. (Med.-Chir. Soc., London. 1853. STANLEY.)—*Imperforate Anus*. Operation. Death.

53, 54, 55. (STANLEY.)—*Imperforate Anus*. Similar to case No. 52.

56. (Boston Med. and Surg. Journal, Vol. XLIV. MITCHELL.)—*Imperforate Anus and Rectum*. Was called to see a child three days old, without the slightest trace of an anus, and with the raphé of the scrotum running down nearly to the coccyx. The child was drowsy, and the skin purplish.

*Operation*. The child was placed upon its face. An incision was then made, nearly an inch long, commencing just anterior to the coccyx, and continued through the skin and firm ligamentous growth beneath. Then a long, narrow, straight bistoury was carried up an inch and a half in the direction of the curve of the sacrum, and entered the intestine. Meconium and gas immediately escaped. About two tea-

spoonfuls of blood were lost, and yet he began to fail and sink into syncope. Oleum ricini was given, with brandy and water. Tent to be kept in constantly. The bowels were freely opened, but the child grew feeble, and died two days after the operation.

57. (Boston Med. and Surg. Journal, Vol. XLVI., p. 100. A. B. CLARKE.)—*Imperforate Rectum*. Examined a child two days after birth. The little finger entered the anus easily, but felt a resistance after passing about three quarters of an inch.

*Operation* was not done till the ninth day, when a trocar was used. No meconium came at first. Forcing up the canula still further, it came in abundance. There was but little loss of blood. The child made no cries, and seemed to be relieved, yet it died in twenty-four hours.

*Autopsy*. The colon was adherent on the left side, throughout its whole course, to the internal walls of the abdomen. The abnormal state of the rectum was now seen to consist of a fleshy-looking mass, interspersed with fat and cellular tissue, which made it resemble the muscular tissue of other parts; it closed up the rectum for the space of an inch and a half. The trocar had gone directly through the centre of the mass, and was perfectly successful so far as the operation was concerned.

58. (Boston Med. and Surg. Journal, Vol. XLIX., p. 115. GILMAN.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. Saw the child twenty-four hours after its birth. There was no rudiment of an anus or where it should be. The abdomen was not distended. There was a mere apology for a penis, with the urethra terminating near its root, just above the scrotum. A probe was introduced into the bladder, and its removal was followed by urine and faeces. The probe was also smeared with meconium.

*Operation*. An incision, two and a half inches long, was made through the skin and cellular membrane, from the extremity of the coccyx, and extended along the perinaeum. No muscular fibres were divided. The dissection was then carried in the direction of the rectum for the distance of an inch and a half, where the cul de sac of the rectum was felt enormously distended. This was freely laid open, and a copious evacuation took place, with great relief to the child. There was not hæmorrhage enough for a ligature. Tents were at first used, and then a tube, which produced some straining, but in a short time the parts were quiet. After the operation, there were no faeces in the urine, nor did the urine pass into the rectum. In a few weeks the parts were entirely healed. At the end of a year, the child was vigorous and large.

59. (COLLISON.)—*Imperforate Anus and Rectum*. There was no operation. Death.

60. First Case.

61. (S. PARKMAN.)—*Imperforate Rectum*. Patient was fifty-two hours old. The anus was natural. The obstruction was nearly two inches within the anus. After waiting eighteen hours, till the septum was distended with meconium, a trocar was forced through the septum, an enema given, and the bowel washed out. The opening not remaining free, a director was passed into the aperture made by the trocar, and both the sphincter ani and septum were divided from before backward by a free incision. The finger could then be passed, and it entered a large cavity. Three months after the opera-



tion, the child was doing well. Directions were given to have the finger, well oiled, passed in daily.

62. (Boston Med. and Surg. Journal, Vol. LVII., p. 293. G. S. JONES.)—*Imperforate Rectum*. On the second day from birth, the abdomen was tense and tympanitic. Urine had been passed. The anal opening was normal and freely admitted the finger, well oiled, but the finger could not penetrate beyond an inch and a half, on account of some obstruction. While the finger was in the passage, the bowel could be felt above, during the efforts and straining of the child.

*Operation*. A small bivalve speculum was first introduced into the anal opening. With a spear-pointed stilette, an opening was made into the part that was forced down, and on withdrawing the instrument there were copious discharges of gas and meconium. A crucial incision was then made across the end of the pouch, and the opening further enlarged by bougies. At the end of six weeks, a bougie one half of an inch in diameter could be used. Two and a half years after the operation the child appears well and hearty, and suffers no inconvenience from the malformation or operation.

63. (Boston Med. and Surg. Journal, Vol. LVII., p. 334. C. E. BUCKINGHAM.)—*Imperforate Anus, with an Abnormal Opening of the Rectum*. The child being examined on the second day, there was no evidence of an anus, either by protrusion or discoloration. During the night there was bilious vomiting, and latterly straining, as if to evacuate the bowels. There had not been any discharge of urine. Did not cry, but was constantly moaning.

*Operation*, thirty-two hours after birth. An incision was made in the centre of the cleft of the nates, from the scrotum to the coccyx, crossed by another at right angles from one tuber ischii to the other. The dissection was then carried backward and a little to the left, for two inches, with a sharp-pointed straight bistoury. No evidence of the neighborhood of the rectum being obtained by the finger, a hydrocele trocar was passed into the wound in the same direction an inch and a half further. On withdrawing it, meconium was found upon it. The wound was then enlarged with a knife, a female catheter introduced, and an enema given. Immediately there was a fair discharge of meconium, and a slight discharge of urine. No applications were made to the wound. On the next day, a sponge tent was introduced two and a half inches, and air came through the penis. Had a small abscess over the short ribs and scrotum of the left side. A female catheter and ebony bougie were used. About five months afterward, urine and feces, mixed, were passed by the urethra. Was alive nearly six years afterward, and generally in good health.

64. (G. H. GAY.)—*Imperforate Anus and Rectum*. Operation upon a patient of Dr. Dupee, when five days old, with a trocar. Death the next day.

65. (G. H. GAY.)—*Imperforate Anus and Rectum*. Operation. Death.

66. (Boston Med. and Surg. Journal, Vol. LVII., p. 238. S. CABOT.) *Imperforate Rectum*. Child was seen on the fourth day, and the anus was found natural. The finger passed in one inch. When the child strained, the bowel could be felt pushing downward, the central portion of it feeling considerably thicker than membrane. A trocar was thrust in, and a large quantity of feces and meconium was discharg-

ed. The next morning, two probes and a catheter were introduced. Nothing came through the canula. In the evening there was vomiting of feces. The opening was enlarged by the knife and the intestine punctured, which was followed by a small quantity of gas and meconium. Death the next day.

67. (Boston Med. and Surg. Journal, Vol. LVII., p. 238. F. Higginson.)—*Imperforate Anus and Rectum.* The anus presented a wrinkled depression like the umbilical pit, and was lined with true skin. There was no appearance of mucous membrane.

*Operation* by the trocar and knife. The child lived eighteen days.

*Autopsy.* The intestines were distended with flatus. The bladder contained a small quantity of dark-colored urine, and was drawn up and lay almost entirely over the symphysis pubis, the urethra making quite a sharp curve under the pubic arch. The uterus was drawn up and rested upon the posterior surface of the bladder. The whole space at the brim of the pelvis was occupied by the inflated rectum. This terminated in a cul de sac, where the peritoneum is reflected back from the posterior wall of the uterus. At the lower part of this cul de sac was an ecchymosis a few lines in length, where the muscular coat seemed to have been divided. The wound did not extend into the mucous membrane. The bottom of the sac, on a level with the brim of the pelvis, had been apparently drawn up by the excessive distension, carrying with it the other pelvic organs.

68. (Boston Med. and Surg. Journal, Vol. LVII., p. 239. C. G. PAGE.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* There was no external trace of an anus. The skin over the entire perineum was smooth, and the raphe extended to the coccyx. At each expulsion of meconium or urine by the vagina, a slight motion was observed in the perineum. There were two openings in the vagina—one occupying the place of the urethra, the other between the internal labia, surrounded by a small, red tumor of the size and shape of a bean. These openings barely admitted a common probe, and from both a small quantity of meconium and urine was expelled. On exploring the opening into the vagina, a probe, carried upward close to the pubis, passed into the bladder, and was felt on the abdomen; but directed backward and upward, it passed one half its length, and encountered a firm body, supposed to be the upper part of the sacrum. When passed downward, the point could be carried a few lines below the orifice, and indistinctly felt in the perineum.

*Operation.* A probe in the lower opening in the vagina was passed downward as far as possible. The incision was then made along the raphe of the perineum, and continued one and a half inches in the track of the rectum. The point of the probe was distinctly felt. The tissues were then separated from the cul de sac, the intestine was brought down to the external opening, laid open, and confined by sutures to the external wound. Flatus escaped when the intestine was opened. A tent was introduced. For a few days the patient did well. Then, there were intervals of great distress in the breathing, with a purple discoloration of the face, neck, lips and ears. These increased, and the patient died after living eight days.

*Autopsy.* The heart was malformed. There was only one ventricle, into which the aorta opened at its summit. The only auricle was on the right posterior aspect, communicating obliquely with the ventricle.

The pulmonary artery, small, was given off below the point where the aorta enters the heart, and on the left side passing upward and backward, and bifurcating behind the aorta. The rectum terminated in a cul de sac, one and a quarter inches from the perinæum, and communicated with the vagina from its upper border. The uterus was bifid.

69. (DR. LEWIS.)—*Imperforate Anus*. The anus was closed by a thin membrane.

*Operation*, by incision. Cure.

70. (DR. LEWIS.)—*Imperforate Anus and Rectum*. Operation. Death.

71. (B. BELL.)—*Imperforate Anus and Rectum*. The rectum was very high up.

*Operation*. Lint and tents were kept in, after the trocar had been used. There was great tendency to strong contraction. Gentian root was used to keep the passage open, together with sponge tent and other substances. The irritation and pain were frequently so great that all the dressings were discontinued. Nothing but a continued attendance for eight or ten months prevented the necessity of a frequent repetition of the operation. Cure.

72. (B. BELL.)—*Imperforate Anus and Rectum*. Similar in every respect to Case No. 71.

73. (Boston Med. and Surg. Journal, Vol. XLII., p. 206. *Imperforate Anus*. Operation, when two days old. For fifteen months continued well, at which time it was discovered that the fæces passed by the urethra. For thirteen months afterward there was no passage by the anus, fæces still passing off by the urethra.

74. (Boston Med. and Surg. Journal, Vol. XLII., p. 273. YORK.) *Imperforate Anus, with an Abnormal Opening of the Rectum*. Operation, on the third day, with a trocar, and about two ounces of meconium drawn off. The canula was left in for a week, and the opening being dilated with a sponge, the fæces passed tolerably well. The instrument was occasionally removed and cleaned. Once or twice it was corroded and obstructed. The fæces then came through the penis, and was first noticed when the child was six months old. Three or four months before death, the parents removed the tube without the sanction of Dr. Y., and soon after fæces passed through the penis, and continued so ever after, and for a time also through the artificial opening. Died from a fall.

*Autopsy*. The rectum was much enlarged and moderately thickened, containing some liquid fæces and foreign matter. The opening into the urethra was direct, and just in front of the verumontanum. The artificial opening was nearly closed, so that the head of a very small pin would not pass. There was liquid fæces in the bladder.

75. (WOLFF.)—*Imperforate Anus and Rectum*. The imperforate state of the anus was not discovered till the twelfth day, when hic-cough and convulsions had come on. The abdomen was hard and painful. There was also nausea and vomiting.

*Operation*. A lancet was thrust in, on the next day, in front of the coccyx, to the depth of an inch, without finding any rectum. The incision was then carried an inch deeper, without effect. Then, with a pharyngotome, he succeeded in penetrating the intestine. An enema was given, which brought away some meconium. With enemata and tents, the child recovered.

76. (LATTÄ.)—*Imperforate Anus and Rectum. Operation.* An incision an inch and a half in depth was made before the rectum was laid open. Oval canula were introduced, and removed once in twenty-four hours. In two months there was a cure. The instrument was used for nine months, to prevent contraction.

77. (LATTÄ.)—*Imperforate Anus and Rectum.* Similar in every respect to Case No. 76.

78. (Medical Recorder, Vol. VII. Philadelphia. 1824. I. R. BARTON.)—*Imperforate Anus and Abnormal Opening of the Rectum.* The infant was six weeks old, with not the slightest trace of an anus. The feces came per vaginam. A fistulous opening was found through the recto-vaginal septum.

*Operation.* An incision was made through the parts where the anus ought to be. The instrument then passed into the rectum, and the feces escaped freely. The wound was plugged with oiled lint. In a few days, it began to granulate and cicatrize. A piece of a bougie was then introduced through the wound, and brought out of the vagina through the original opening into it. This was persisted in for several weeks. The mother withdrew it, and the opening (anus) closed up, rendering the operation abortive. The evacuations came every four or five days: sometimes the period was longer. This was at the age of nine months. A director was then passed into the rectum through the opening in the vagina. The vagina and integuments were laid open as far back as where the anus ought to be. The dissection was carried down till the end of the bowel was felt, and opened freely. The subsequent treatment was to promote granulations and the cicatrization of the original opening, and so much of the anterior portion of the incision as rendered the vagina incomplete. The original aperture closed up with that part of the incision connected with it. The vagina became complete, and a route direct from the rectum was established, having no connection whatever with the vagina, and there was control over the feces.

79. (SATCHELL. Vide the same Vol. as Case No. 78.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* There was some depression where the anus ought to be. The feces were passed by the vagina, through a small opening, an inch and a half from the os externum. The feces came with considerable pain, at intervals of ten days or two weeks, which were fluid or of very soft consistence.

*Operation,* by Dr. Parish. A curved probe was introduced into the vagina, then through the orifice of communication into the rectum, so as to protrude the integuments in the place where the anus should have been. An incision was then made on the point of the probe, with a scalpel, and the opening thus made was enlarged anteriorly and posteriorly by a bistoury, until it was supposed that the intestine was opened, the non-discharge of feces being the only circumstance evidencing the contrary. Presuming that the rectum was opened, a silver curved tube was introduced to prevent the closure of the wound, and to permit the evacuation of the feces. In two or three days, it was found that the rectum was opened. Dr. Barton's operation was then done, with a successful result.

A large quantity of feces was found in the rectum, and with the handle of a teaspoon, enemata, and repeated doses of oleum ricini, the bowels were thoroughly emptied. Two days after this operation, an

unaltered melon seed was passed, which must have been in the bowels since the preceding fall. Three weeks and two days from the time of the second operation, she was discharged cured. At that time she could retain or discharge her feces. No dressing was used, but the finger was introduced every day or two.

80. (CHÉLIUS.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Operation. Cure.

81. (DIEFFENBACH.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.*

*Operation.* A curved director was introduced through the vagina into the aperture of the rectum. A pointed bistoury was then thrust behind the fossa navicularis into the groove of the director and cut outward, dividing the whole perinæum and widening the aperture of the anus to near the coccyx. The rectum was laid bare by the division of the cellular tissue, stretching forward to the vagina and presenting at the bottom of the wound. The edge of the rectum was then dissected from the wound, divided to the extent of an inch in the direction of the external skin and muscular wound, and fastened to the separated edges of the rectum on each side of the cleft perinæum. The aperture of the rectum into the vagina was closed completely by occasionally touching it with nit. argent. Three weeks after this operation, the formation of a new perinæum was attempted. The hind surface of the open end of the rectum was farther separated from the vagina. The portion of the intestine thus set free in the middle, contracted and receded about four or five lines. The scar of muscle and skin was removed from this inter space, the deep lying parts were brought together with a needle, and the edges of the wound with harepins and twisted suture. The cure was completely successful.

82. (I. F. SOUTH.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* There was no anus, but a slight puckering where the anus ought to be, which was protruded when the child cried. In front of the scrotum and along the line of the raphé as it went on to the prepuce, was a small opening just large enough to admit a probe, from which meconium escaped.

*Operation.* An incision, dividing the puckered skin, was carried an inch deep before the rectum could be felt, which was then opened and an urethral bougie passed in, from which meconium escaped. A probe in the ante-scrotal opening passed in a canal beneath the urethra, through the perinæum, and became larger and larger as it approached the rectum where it terminated. No bougie nor anything else was left in. In two weeks the opening had closed up, and the meconium came by the aperture in front of the scrotum. A second opening was made again into the rectum, a piece of bougie was introduced and removed three or four times daily, for emptying the bowels. At the end of three months, the anal opening had so contracted that it would not admit the point of a probe. Another operation was done, and a larger bougie used and worn two weeks, then a pewter pipe the thickness of a finger was tried. Two months after, the pipe had slipped out by neglect, and the opening again closed. Another operation was required, and a large bougie ordered to be passed frequently. Did not see him again till he was seven years old, when he was a well-grown boy, with an immense belly. The anus continued open, as also the opening in front of the scrotum. The mother would not allow any

operation for the ante-scrotal canal. Saw him again when eighteen years old, and the anus looked like a bullet-hole in a board. Said he had no difficulty in passing or retaining his fæces. The anal orifice was completely filled with prolapsed mucous membrane or rectum; the finger readily passed through this as far as the knuckle into a cavity full of fæces, and run along the perinæum beneath the membranous part and bulb of the penis to the back of the scrotum, where the canal narrowed and would only admit the finger. This communicated with the opening before the scrotum. The prolapsed mucous membrane acted like a valve, and prevented an involuntary passage of fæces.

83. (DUPUYTREN.)—*Imperforate Anus.* Operation for an artificial anus in the right iliac region. Death.

84. (NELATON.)—*Imperforate Anus and Rectum.* Operation for an artificial anus in the left iliac fossa. Death.

85. (THOMAS COPLAND.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Was five days old when first seen. The fæces came by the penis.

Operation. Death.

86. (T. COPLAND.)—*Imperforate Rectum.* The cul de sac was an inch from the anus.

Operation. Cure.

87. (DR. PALMER.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* No operation. Death in five days.

88. (PETIT.)—*Imperforate Anus and Rectum.* Operation. Death on the next day.

Autopsy. The rectum was found converted into a round, solid mass, eight lines long.

89. (LANE.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* No operation. Death on the ninth day.

90. (DOANE.)—*Imperforate Anus, with an Abnormal Opening of the Rectum.* Operation. Death on the eighth day.

91. (FLINT.)—*Imperforate Rectum.* No operation. Death.

92. (DALE.)—*Imperforate Rectum.* No operation. Death.

93. (H. G. CLARK.)—*Imperforate Rectum.* Operation. Death two and a half days after birth, and nine after the operation. No fæces ever escaped.

94. (G. B. DOANE.)—*Imperforate Rectum.* The finger could be passed up an inch.

Operation. Death seventeen hours afterward, and four days from birth. The rectum was not opened.

95. (DAVIS.)—*Imperforate Rectum.* There was a thin membrane an inch and a half from the anus. No operation. Death on the sixth day.

96. (WHEELER.)—*Imperforate Rectum.* No operation. Lived two days.

97. (E. C. PHINNEY.)—*Imperforate Anus.* Operation. Intestine not opened. Lived five days.

98. (FISHER.)—*Imperforate Rectum.* Operation. Intestine opened. Lived three days.

99. (GORDON.)—*Imperforate Rectum.* Operation. Intestine opened. Lived three days.

100. (MOORE.)—*Imperforate Rectum. Operation.* Intestine not opened. Death.

101. (COTTING.)—*Imperforate Rectum.* No operation. Lived two days. The intestine was found lacerated.

102. (AYER.)—*Imperforate Rectum, with an Abnormal Opening.* No operation. Fæces came by the penis. Death.

103. (WARE.)—*Imperforate Rectum.* No operation. Lived fourteen days.

104. (PARKMAN.)—*Imperforate Rectum. Operation.* Intestine not opened. Lived a few hours.\*

In children born with any of the malformations above alluded to, and where no operation is attempted for the purpose of relieving them, some of the following symptoms sooner or later appear:—swelling of the bowels, increasing to great distension; pain; local and general distress; cries or moanings; painful straining; nausea; vomiting, at last of fecal matter; hiccough; general yellowness of the skin; convulsions; death.

With these malformations, there is frequently in the same individual, a further malformation of the neighboring sexual organs, in a greater or less degree of imperforation, or of some arrest of development, as fissure of the scrotum, with the glans penis and the meatus in the perineum; spina bifida; the absence of a portion of an extremity, or the interesting peculiarity of the heart in Dr. Page's case, No. 68.

In some cases the sphincter ani is present when there is an imperforate anus and rectum; in other cases it has been found absent when the anal aperture only is closed. But the fact of a more or less control over the feces after many of the operations, demonstrates its presence in some degree, and sufficiency to prevent the soiling of the clothes.

In case No. 60, before the operation there was strong contraction and retraction about the anal region on pressure with the finger. When the septum was divided and the finger introduced through the opening, it still contracted strongly, and yet there was no intestine as far as the finger could reach. So that the sphincter is sometimes present when there is an absence of the rectum, and sometimes deficient when the rectum is very near the anus.

Nothing can be expected from any effort of nature to effect any substantial relief. If no operation is undertaken, death must soon follow.

Nothing will avail but some surgical interference. The question arises whether it is well to recommend a doubtful remedy or wait for certain death. The encouraging results in some of the above cases certainly authorize and warrant an attempt at relief by some operation. An operation may not be followed by the desired result, still an attempt should be made, unless there are other complications or conditions of the system that would contra-indicate an operation. The kind of operation must be adapted to the particular case, and care should be taken against a too long delay in order to prevent a laceration of the intestine, and also against giving purgatives to force down the intestine for the same reason.

\* For the last sixteen cases, I am indebted to Dr. J. B. S. Jackson for a reference to his numerous notes upon this malformation.



When the anus is closed by simply a thin membrane, a circular incision may be used to remove it, or a crucial one, with the after removal of the flaps. Then measures should be taken to prevent any union of the divided parts for a longer or shorter period. When there is no trace of an anus, and with it a closure of the rectum at a greater or less distance from the anus, or a communication of it with the bladder, urethra or vagina, the operation is more difficult, and more uncertain in its results. For an operation to be successful, the opening must be sufficiently free and permanent. Instead of using a trocar and making a hole merely, with the risk of tearing the parts in the process of dilatation, a free incision with a sharp-pointed instrument, guided by the finger, is by all means to be recommended. Whatever the operation, let the opening into the intestine be made large enough at the first operation, if possible. The tendency to contraction will be much greater in the subsequent operations. If possible, the incision should enter the obstructed end of the intestine rather than the sides, and where the obstruction is hard and firm, remove the whole of it, if it can be done safely, for frequently it seems similar to cicatricial tissue. The success of an operation will be greatly increased by the thinness of the obstructing septum, and by its close proximity to the situation of the natural anus. In the after treatment, the important element in the way of success is the persevering efforts to overcome the contraction of the parts. Here arises the main difficulty and labor. It may be work, and very hard work too, to overcome the contractions; but if success follows, the greater will be the credit. Cases may occur to corroborate practically the truth of B. Bell's remarks in speaking of the exceeding difficulty of preserving the passage sufficiently wide, when he says, "Indeed, no case in which I was ever concerned gave so much perplexity and trouble, either to the patient or myself, as each of those I have mentioned (Cases No. 71, 72): for although in both, the openings were at first made sufficiently large, yet nothing but continued attention for the space of *eight or ten months* prevented the necessity of a frequent repetition of the operation." Again, "but when the rectum lies deep, I am inclined to think, from the event of those cases, that although ultimately a complete cure may commonly be obtained, after a free discharge of feces is procured, much care and attention on the part of the operator will always be required for a considerable time after the operation; and in general we may suppose that the difficulty will be in proportion to the depth of the gut." He succeeded by his perseverance. Latta and others have succeeded.

Use the finger as a director, and with it dissect away the intestine from the neighboring parts when it can be done. Also have a probe in the bladder, as an additional adjuvant. Try to bring the intestine down and secure it to the external wound, as Amussat did successfully.

To dilate and keep the opening sufficiently free, use whatever means agree the best with the patient, by causing the least irritation, whether a soft or hard solid.

Single or double metallic tubes of different sizes, similar to the tracheotomy tubes, may be used with advantage.

The greater the distance of the cul de sac of the rectum from the anus, the greater will be the danger from fecal infiltration and the

difficulty of maintaining a sufficiently free and permanent opening after the operation.

In the cases where the rectum communicates with the urethra or bladder and are left to themselves, a fatal result is almost inevitable as soon as the fecal matter is firm or hard and accumulates. When the communication is with the vagina, the danger has not been so great, on account of the greater size of the opening, and the facility of sufficiently enlarging it when near the vulva.

The question of the propriety of performing or recommending an operation to establish an artificial anus in the left iliac, left lumbar or right iliac region, must rest with the parents and surgeon. If they are fully conscious of the state of things that must necessarily follow an operation, supposing it to be successful, and, in spite of all these difficulties and discomforts, urge an operation, there seems to be no other alternative but to do the best we can.

### Bibliographical Notices.

*Transactions of the American Medical Association.* Vol. X. Philadelphia: Collins. 1857. Pp. 676.

This volume, less by two hundred and thirty-one pages than its immediate predecessor, has been received. Ten years have passed since the organization of the *American Medical Association*, and amidst various auguries and opinions as to its actual benefit to the profession and its future success, it "still lives," and this year announces its existence very worthily.

We cannot, in the limited space at our command, do more than rapidly sketch the chief points of interest presented by this valuable collection of facts and careful researches. We may say, at the outset, that it seems to us a wise regulation which has been adopted, that of restricting the size of the yearly issue of reports to something portable, or at least mailable. The last volume was fearfully obese! It was, to be sure, rich in its fatness, but it nearly smothered one even to look at it.

In the present number of the *Transactions*, we have, in addition to the reports of the Committee of Publication and of the Treasurer, the Address of Dr. Pitcher, the presiding officer, and eleven other reports purely medical or surgical. Following these, the two Prize Essays for the year are printed; and the work is completed by presenting the Plan of Organization of the Association, its Code of Ethics, and a list of its Officers and Permanent Members.

The Association met at Nashville, Tennessee, May 5th, 1857. The members were warmly welcomed by Dr. C. H. Winston, Chairman of the Committee of Arrangements. On organization, it was found that twenty States had sent delegates. We are sorry not to see the name of Massachusetts amongst them, and somewhat surprised also—for distance did not deter her delegates from visiting *Detroit*; indeed it rather seemed to "lend enchantment to the view"! Nor, last Spring, were the times "hard." We don't know why some of us were not there—but so it is recorded.

On perusing the "minutes," we observe the dreadful words, "no

report," very often; also, "further time asked," "committee continued," &c. Next year ought to bring up these arrears, and a large volume is threatened. One expression in the minutes struck us painfully; an honorable judge "was invited to a seat on the stand." We hope it was a *platform*, and well "defined," and that the gentleman did sit, and not stand.

We have some time since given all needful particulars with regard to the mere details of the meeting. We would allude with satisfaction to the opportunity afforded by a recommended amendment, that the "first Tuesday of June" may be adopted as the day of meeting. In our climate, at all events, it is far to be preferred to the first Tuesday in May.

Next to the minutes come the Reports of the Committee on Publication and of the Treasurer. In each of these, we remark that our friend Dr. J. N. Borland, of this city, has been rudely dealt with by the *types*, while the reporters have accorded to him all due credit for his aid in advancing the sale of the last volume.

The Treasurer, Dr. Caspar Wister, refers to the wisdom of the Association in abandoning compulsory subscription to the publishing of the *Transactions*; still he urges the necessity of very general subscription from permanent members, in order that the balance in the Treasury be not wholly expended, in the event of two successive small meetings diminishing the receipts. This, and continued exertion by members in increasing the circulation of the volumes and prompt payments therefor, are rightly urged upon our attention.

We can barely do more than name the several *Reports*, in the order of their succession. First, that upon the *Medical Topography and Epidemics of Maryland*, by Dr. Wroth, aided by Drs. Cox, White and Waters. We observe, in the portion by the latter gentleman, that in acute pneumonia and bronchitis the lancet is considered "admissible" in those districts regarded by the report. As this question has, of late, much occupied the attention of the medical world, the conclusions of careful observers upon it, everywhere, are very desirable. The typhoid aspect sometimes attaches to the above affections in Maryland, and of course the lancet was found *in-admissible*.

The Report on *Infant Mortality in Large Cities, the Sources of its Increase and Means for its Diminution*, is next in order, and is prepared by Dr. Reese, of New York. The subject is a most important one, and deserves a far more extended consideration than can be given to it within the limits of a mere report. So far as it goes, that of Dr. Reese is well; it sketches the outlines of a picture which is sad to behold, and can hardly, soon, be drawn in any more favorable colors. It is all very well to recommend legislative restrictions upon matrimonial alliances, and we would that they could be made effective in the view the reporter alludes to,—viz., the prevention of them between individuals of constitution so tainted as that their offspring, if any, *must* be unhealthy. This is of *national* as well as *private* interest; but when, and how, can it be effectively acted upon? We would fain concur in the *opinion* that "celibacy should be required by statute of all consumptive, scrofulous, scorbutic, gouty, insane, intemperate, and especially syphilitic individuals of either sex, and this for grave reasons of state, which concern the public weal." This Spartan procedure, however, we fear, the genius of Republicanism, here, will

repudiate; and, indeed, under any government, its rigid enforcement seems nearly impossible. Much of this Report commands our respectful consideration; and, not the least among its animadversions, do the remarks upon the procuring of abortion meet with our unqualified approval. We can only here record our regret, in common with so many of our cotemporaries, that one so capable of castigating evil practices, and of laying down judicious rules of action, should ever have lent himself, by any means or from any reasons, to the support of quackery or the defence of its followers. It matters not whether personal considerations, in the light of friendship, or others unknown to us, induced Dr. Reese to defend the dereliction of Dr. McClintock,—his doing so will be an everlasting reproach to him, and, we must add, should have debarred him from receiving so marked an honor at the hands of the American Medical Association, as to be installed one of its Vice-Presidents.

The Report on the *Medico-Legal Duties of Coroners* is the third; it is by Alexander J. Semmes, M.D., of Washington, D. C. This subject is of great importance, and particularly do we consider it so relatively to the *qualifications* of those who are called to the responsible office of coroner. This requisite has not been sufficiently recognized in any community. In our own, at present, grave accusations have lately been brought against the coroners, particularly the medical ones, of over-charging, &c., which, in our view, demand from them personal vindication. We conclude that such will soon be made. In the mean time, we take occasion to say that it seems to be too much the opinion that *any* man can be a coroner, supposing him only to have a *modicum* of common sense. This, however, is a delusion; and the State will find it so, should it act upon the view urged in certain quarters. Whilst we hold to fairness in all things, we believe that it takes, oftentimes, thorough medical and surgical knowledge to pronounce a righteous verdict. Let those who have the ordering of these matters weigh them well. The recommendation of the Committee (p. 119, *Transactions*) that coroners be, in all cases, medical men, will yet be adopted, in our opinion, by the unanimous decree of the legal and popular mind. We cannot refrain from quoting a sentence from this Report, which bears directly upon the remuneration to be received by medical coroners. "The members of the profession of medicine, everywhere, are, as a class, beneficent and self-sacrificing, laboring always cheerfully and gratuitously in the cause of humanity and in the service of the destitute. But they, too, must live while they thus labor, and it cannot be expected, by government, they should serve the wealthy in their most professional position without the obligation being recognized and required."—(p. 124.)

Dr. John F. Posey's Report upon the *Topography and Epidemic Diseases of the State of Georgia*, comes next, and consists mainly of replies to queries addressed to practitioners in the State. It is especially valuable to the latter, but is well worthy of perusal by all who are interested in such important topics. The same variation in respect to pneumonia, &c., as has been previously referred to, at one time demands, at another forbids, bleeding. The discretion of the practitioner must decide this question. Tubercular disease is pronounced "not infrequent" in some portions of Georgia. In one district, it is said that "tubercles in the lungs are more common than in more south-

ern and less elevated regions, where there are fewer alternations in the weather, and less humidity."—(p. 146.) Alternations in weather, it is true, may be considered unfavorable in tuberculous predisposition or actual disease, but that northern and elevated regions are so, has been, of late, disproved, as a general thing—particularly by the observations of Dr. H. I. Bowditch, of Boston. The particular portion of Georgia referred to, may be an exception.

Dr. Hinkle's Report on the *Use of Cinchonia in Malarious Diseases*; that of Dr. Pease, of Wisconsin, on the Blending and Conversion of Types in Fever; of Prof. Dugas, on a *New Principle of Diagnosis in Dislocations of the Shoulder-Joint*; of Dr. Geo. Suckley, U. S. A., on the Fauna and Medical Topography of Washington Territory; of Dr. J. G. Cooper, on the Medical Flora of Washington Territory; of Prof. F. H. Hamilton, on Deformities after Fractures; and that of Dr. H. F. Campbell (a "partial" one) on the Nervous System in Febrile Diseases, together with the Prize Essays, conclude the volume.

It is impossible for us to say more of these than that they are all creditable, apparently, to the gentlemen who have prepared them. Were we to particularize any as especially worthy of note, and deserving attentive perusal and study, we should select Dr. Suckley's very extended and carefully-prepared paper; Prof. Dugas's short but interesting diagnostic remarks on a frequent surgical accident; Dr. Cooper's report, and, "last not least," the voluminous contribution of Dr. Hamilton, being a book by itself, as to bulk and importance, and a continuation of those indefatigable labors to which we have alluded on more than one occasion. The work which these papers will hereafter constitute, will be a monument to the industry, sagacity and *esprit du corps* of the writer, and an invaluable contribution to the records of fracture.

We have been unable to find time to examine the "Prize Essays;" the fact of their success must be sufficient for the present. We do not doubt their excellence.

Enough has been presented, we think, in our somewhat extended sketch of the *Transactions*, to show that they are, this year, fully as worthy of being subscribed and paid for, as ever; more so, indeed, than in some years. We hope the Treasurer will receive calls to an extent not only capable of supplying the means of discharging all expenses, but that he also may find an ample surplus in his hands.

We omitted to say that there are many illustrations, of value; connected chiefly with Dr. Hamilton's report. Dr. Dugas has also given engravings in his paper, and a few others appear elsewhere, as in Dr. Campbell's Essay.

---

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

---

BOSTON, DECEMBER 24, 1857.

---

### MONSTROSITY.

OUR attention has been directed, by Dr. J. B. S. Jackson, to the following account of a monster of the human species, and which appears under the head of *Items*, in the *Boston Traveller*, of the 17th inst. We

are usually distrustful of newspaper reports of such instances; but, in the present case, the use of certain terms leads us to suppose that some medical or scientific man has furnished a description, of which this is a condensed form. We extract the "*item*," entire.

"The Folsom *Dispatch* reports that a female child was born a short time since at Alder Creek, with two heads—one on top of the other. The lower head is perfect in all its parts. The upper one presents a complete os frontis, with all the upper regions of the head developed, presenting the different features, but deficient in the lower portion, which is seemingly hid from view by being imbedded in the top of the natural head. It is still living."

Dr. Jackson has also indicated to us the remarks of M. Isidore Geoffroy Saint Hilaire upon the peculiar form of monstrosity to which it would appear this specimen belongs. It is termed by Saint Hilaire, *Epicome*, i. e., upon the hairy scalp; and he refers to the well-known case reported by Sir Everard Home ("*An account of a child with a double head*"; Philosophical Transactions, 1790, Vol. LXXX., p. 296), and the specimen illustrating which is preserved in the Hunterian Museum.

In 1799, Home added certain observations (Vol. LXXXIX., p. 28). These papers were accompanied by illustrations; and such are given also by Saint Hilaire.

The exceeding rarity of the occurrence renders every authentic case very interesting, and its permanent record most desirable. We translate a paragraph from the work of the French natural historian,\* which shows the infrequency of the anomaly.

"Nearly thirty years elapsed from the date of the first publication upon this subject by Home, without any known re-production of an instance really analogous to his. It was not until the year 1828, that a learned surgeon of Liège, M. Vottem, made known a second example of epicomia, which has to this day been as completely unknown as the former instance has become celebrated."

The accuracy of detail and thorough anatomical investigation given to his case by Vottem, are highly praised by Saint Hilaire, who regrets that no representations were taken of the child. The death of the latter followed its birth in half an hour; and it is remarked that this rapid demise has detracted much from the interest of the case, physiologically and psychologically—the instance by Home far surpassing it in these points, and having "greatly contributed to its wide-spread celebrity."

If this notice should meet the eye of the physician in charge of the mother of this anomalous child, or of any one who can furnish us with a detailed and reliable description of it, and of the circumstances attending its birth, we shall esteem ourselves fortunate in obtaining the information, and will gladly publish the same in our pages.

#### STATISTICS OF TRACHEOTOMY.

We notice, in a late number of the *Gazette des Hopitaux*, an article on the statistics of the operation of tracheotomy in croup, derived from a thesis by M. André. We take from it some figures which will be of interest to our readers at the present time, being the season

\* Anomalies de l'Organisation, Tome III., p. 329, et seq.

when this disease is most common. This operation has been twice performed within a few weeks in this city by Dr. GAY, and both the patients, we are happy to say, are likely to recover. As these cases will be published, hereafter, in the JOURNAL, we will merely say that the first patient was a female of 20 years, in whom the false membrane was so tough that there was considerable difficulty in penetrating it after the trachea was opened. The second case was that of a boy of 8 years; here there was no membrane found in the trachea at the time of the operation, but a considerable quantity was afterward expelled.

The thesis of M. André contains the results of all the operations of tracheotomy for croup which were performed at the Hospital for Sick Children in Paris during the year 1856. They are well represented in the following table:

AGES.	No.	Deaths.		Recoveries.	
		Boys.	Girls.	Boys.	Girls.
From 15 months to 2 years,	6	2	4	0	0
" 2 to 3 years,	9	4	3	2	0
" 3 to 4 "	13	5	4	4	0
" 4 to 5 "	11	6	3	1	1
" 5 to 6 "	6	3	1	1	1
" 6 to 6½ "	3	1	1	0	1
7 years,	2	0	1	0	1
8 "	2	0	1	1	0
9 "	1	0	0	1	0
9½ "	1	0	0	0	1
Total,	64	21	18	10	16

Thus out of 54 operations there were 39 deaths and 15 recoveries, or over 27 per cent. According to the *Gazette*, the proportion of recoveries obtained by M. Guersant, in a very considerable number of operations during the last four or five years, was about *one third*. It will be seen that the number of recoveries is greater in proportion to the age of the child: all the six patients under 2 years died; 7 out of 9 died who were operated on between the ages of 2 and 3 years; 9 out of 13 of those between 3 and 4 years; but of the two at 7 years, one died and the other recovered; at 8 years the proportion is the same; at 9 and 9½ years, there were two operations, both successful. The reasons of this advantage possessed by older children may probably be found in their greater vigor, and in their docility, which renders the manoeuvres of removing, cleansing and replacing the canula much more easy than with young infants.

An important question is left unanswered by M. André's table—how far is the result of the case dependent upon the period at which the operation is performed? There is every reason to believe that the earlier the trachea is opened, if it is to be done at all, the greater are the chances of success, since not only is the system sooner relieved from the depressed condition consequent upon an insufficient supply of oxygen, but the congested state of the lungs is relieved, and their tendency to subsequent inflammation diminished.

M. André has endeavored to ascertain the period at which the canula ought to be removed. This period was noted in 17 cases: in one it was taken out on the fourth day; in 5 on the sixth day; in 2 on the seventh; in 3 on the eighth; 1 on the eleventh; 1 on the thirteenth; 1 on the fourteenth, and 1 after the fourteenth. From the fourth to



the fifth is the time recommended by M. André for the first removal of the tube, which is to be replaced if dyspnœa recur. By means of a canula provided with an opening in the convex part of the curve, the necessity of removing the tube is obviated, it being only necessary to close the external opening, to allow the patient to breathe through the larynx. This was done in the first case operated on by Dr. Gay. On the twelfth day, a cork was placed in the orifice, and retained there for eight hours. The respiration was accelerated, but not laborious. The next day the canula was removed, and the patient from that time continued to breathe, with perfect ease, through the larynx, the wound contracting rapidly.

#### STATE ASSAYERS AGAIN.

"*Quis custodiet custodes ipsos?*"

MESSRS. EDITORS,—During the past week or two, a firm in this city has been distributing a new circular, setting forth the purity of "Copper Distilled Pure Old Bourbon Whiskey." As they "beg leave to call your attention to its claims, and also ask you to judge, personally, of its merits," of course you will do so, when they send you a dozen. This circular, in the regular style of all quack advertisements, expresses the *delicacy* of the proprietors "in resorting to any of the usual modes of announcement, as they have heralded indiscriminately the good, the bad, and the indifferent." Notwithstanding this unwillingness to register their "Copper Distilled Pure Old Bourbon Whiskey" among the quack medicines, the proprietors proceed to perpetrate that outrage upon Picken & Co.'s copper distilled, &c. Notwithstanding this JOURNAL has shown the fallacy of believing in the certificates of State Assayers' [examiners of ores and metals, that is] analyses of such articles, unless each bottle is tested, this firm must attach to their circulars the very certificates of the very men.

Now, in our view, if the reputation of any firm is not of itself sufficient to warrant the goodness and purity of any article they may sell, upon their own statement, the certificates of all the assayers in Christendom would not save them, whether the article sold be Antiphlogistic Salt, or Copper Distilled Pure Old Bourbon Whiskey.

This circular is a very queer one, and contains numerous certifications. First, Messrs. Weeks & Potter "pledge their personal credit to support the character of the whiskey." Secondly, one assayer of ores and metals certifies to the character of a *sample* sent to him by Weeks & Potter. Thirdly, another assayer of ores and metals certifies to the character of a *sample* of whiskey sent to him. Both these gentlemen regard their particular samples as Bourbon Whiskey; but neither of them certify that they are what the circular states, and what whiskey drinkers are very desirous of knowing, that they are samples of *Copper Distilled Pure Old Bourbon Whiskey*. A link in the chain appears to be wanting. Were those, samples of the "Copper Distilled"? That is all that the public wants to know, and we supposed that the assayers of ores and metals would give us the analysis, not of the whiskey, but of the still. Unfortunate omission. Did the proprietors not remember that

"Whatever link you strike,  
Tenth or ten thousandth, breaks the chain alike"?

However, to make up for this, they give us a fifth certificate, signed by nine M.D.'s, as if "confidence in the above statements of Drs.

Jackson and Hayes" would give us confidence in the still, which they do not appear to have assayed.

Well, well, well. This reminds us of a story, which was told, we believe of John Randolph, but of some one, at any rate. Two gentlemen, both unacquainted with the Virginian, agreed to become acquainted, and that one should introduce the other. The operation was somewhat in the following style. "Mr. Randolph, I wish to introduce to you my friend, Mr. —. Mr. —, Mr. Randolph." "Ah, Mr. —, I am very happy to make your acquaintance—but—who the devil introduced you, Sir?"

C. E. B.

*Transactions of the American Medical Association, Vol. X.*—The volume of the Transactions which we notice in to-day's JOURNAL, may be had on application to Dr. J. N. Borland, 16 Winter Street. Three dollars is charged, and the volume is well worth the sum. Early notice should be given to Dr. Borland, in order to facilitate the arrangements to be made by him for securing copies, and to lessen as much as possible the task he has so kindly undertaken.

*Illness of Dr. Chauncy Booth.*—We deeply regret to hear of the serious illness of this gentleman, so highly respected and well known as the Superintendent of the McLean Asylum for the Insane, at Somerville. Dr. Booth has long struggled manfully against physical infirmities, and has manifested an endurance and cheerfulness which have done him infinite credit. We trust he may be restored and enabled to resume the duties he has so long and so faithfully discharged.

*Health of the City.*—The mortality during the last two weeks presents a striking contrast with that of the same period last year; the number of deaths has been much smaller, and the class of fatal diseases different. Last year at this season scarlatina was very prevalent and fatal, having caused the unprecedented number of 40 deaths in the week corresponding to the one ending last Saturday, during which not a single fatal case was reported. Diseases of the lungs are much more prevalent now than last year. We notice 22 deaths by consumption and 6 from pneumonia, the numbers a year ago having been 16 and 1.

TO CORRESPONDENTS, &c.—Although we have given eight additional pages of matter in the present number of the Journal, several original communications are still on hand awaiting insertion, besides bibliographical and other notices. We regret the occasional necessity of disappointing correspondents by a delay in printing their favors. This will be avoided hereafter as much as possible, though an immediate insertion should never be considered as certain.—The following books have been received:—*Principles and Practice of Obstetrics*, &c., by Henry Miller, M.D., Prof. of Obstet. Med. in the University of Louisville.—*Urethro-Vaginal and Vesico-Vaginal Fistulas*, by N. Bozeman, M.D.—Address before the graduating class of Dartmouth Medical College, by Geo. H. Hubbard, M.D.

MARRIED.—In this city, Dec. 9th, Eugene F. Sanger, M.D., of Bangor, Me., to Miss Emily Fay.—In Rowe, Dec. 10th, Dr. J. F. Lynde, of Athol, formerly of Hardwick, to Miss Lizzie C. Brooks, of Athol.—In Prescott, Dec. 15th, Dr. A. R. Holmes, of New Bedford, to Mrs. H. F. Newhall.—In Flynpton, Dec. 6th, Matthew McLearn, M.D., of Northfield, Vt., to Miss Ruth S. Ripley, of P.—In Providence, E. I., Nov. 8th, Joseph C. Hathaway, M.D., of Ottawa, Ill., to Miss Annie Crane, of Assonet, Mass.—In Lyndon, Vt., Dec. 4th, Charles S. Cahoon, M.D., to Miss Charlotte Chase, both of Lyndon.—In Brooklyn, N. Y., Dec. 9th, William Swift, M.D., of Brooklyn, to Miss Nellie M. Bates, of this city.

DIED.—In Charlotte, N. C., Dec. 7th, of apoplexy, Dr. J. Livingstone Van Doren, of New York city.

*Deaths in Boston* for the week ending Saturday noon, December 19th, 73. Males, 36—Females, 37.—Apoplexy, 1—Inflammation of the bowels, 1—bronchitis, 1—cancer in the breast, 1—cholera infantum, 1—consumption, 22—convulsions, 3—croup, 3—dysentery, 1—dropsy, 2—dropsy in the head, 3—drowned, 1—infantile diseases, 7—puerperal, 1—typhoid fever, 3—bilious fever, 1—Inflammation of the lungs, 6—gangrene of the lungs, 1—marasmus, 1—measles, 1—old age, 5—palsy, 1—pleurisy, 1—teething, 1—unknown, 2—whooping cough, 2.

Under 5 years, 30—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 12. Born in the United States, 45—Ireland, 21—other places, 7.

## ATTEMPTED ABORTION BY AMERICAN HELLEBORE.

*Messrs. Editors*,—Having noticed a case of attempted abortion by the use of veratrum viride, reported in a late number of the Journal, I extract a similar case from my note-book, which may be of interest in connection with the other.

I was sent for in great haste, and on arriving at the house found a young woman vomiting freely and complaining of intense pain in the stomach. She was cold and pale. Pulse 40. I inquired what she had taken, and was told "skunk-cabbage." Doubting this, I made further inquiries, and learned that she had taken a teacupful of infusion, prepared from the fresh root of what they thought was skunk-cabbage (*symplocarpus fetida*), but which I found was veratrum viride, gathered by mistake. I was shown what they called a "doctor-book" (a small, popular treatise on medicine, &c.), in which it was stated that skunk-cabbage would relieve the womb of its contents. The person gathering the root was ignorant of the distinction between the two plants, and hence the mistake. She vomited freely for some time. After the stomach was relieved of its contents, I prescribed an opiate, and she soon recovered. It had no effect on the fœtus in the womb, and in about six months she was delivered of a healthy child.

Stratford, N. H., Dec. 15, 1857.

CHAS. PALMER, M.D.

The Medical Society of South-Western New York held its Fall Session at Fredonia, Chautauque Co., on Nov. 4th and 5th. The session terminated by a social dinner, at which the wives of the members were present. A full report of the proceedings is given in the *Fredonia Censor*, from which we gather that the occasion must have been one of unusual interest. A number of excellent speeches were made, by the President, Dr. G. W. Hazeltine, by Dr. T. D. Strong, Rev. E. S. Wright, Prof. A. Bradish, Rev. L. L. Noble, Dr. H. M. T. Smith, Rev. Mr. Hyde, Dr. C. E. Washburn and others. The festivities were continued till a late hour, and the company dispersed after a most agreeable evening. The Society meets again at Jamestown, on the first Wednesday of February.

*Asylums for Idiots*.—On Wednesday, 9th inst., an interesting meeting was held in Philadelphia, by the representatives of the following institutions: "The Massachusetts School for Idiotic and Feeble-minded Youth," at Boston; "The Massachusetts Private Institution for Idiotic, Imbecile and Backward Children," at Barre, Mass.; "The New York Asylum for Idiots," at Syracuse; "The Ohio Asylum for Idiots," at Columbus; "The Pennsylvania Institution," at Germantown. The object of the meeting was to organize an Association for the purpose of bringing the subject of Idiocy before the people, discussing questions of interest and maturing methods of treatment relative to this unfortunate class. As the result of these discussions, which were purely practical, certain principles were adopted. The next meeting of the Association will be held in N. York.—*Phil. Inq.*

*Medical Examination at Dartmouth College*.—It was our privilege to attend the annual examination of the candidates for graduation in our State Medical School, on the 9th and 10th of Nov. Eleven young gentlemen were admitted to the degree of M.D., after an examination every way creditable to themselves and the Institution. We were pleased with the manifestations of a thorough training evinced by the candidates, as well as by the impartial course pursued by the Faculty in the examination.—*N. Hampshire Journal of Medicine*.